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2. FEC IDENTIFICATIO	N NUMBER	~	CITY 🛕		;	STATE	ZIPC	CODE A
C00401786			3. IS THIS REPORT		N) OR		AMENDED (A)	
4. TYPE OF REPOR (Choose One) (a) Quarterly Report X April 15 Quarterly R July 15 Quarterly R October 15 Quarterly R January 31 Quarterly R July 31 Mid Report(Non Year Only) Termination (TER)	eport(Q1) eport(Q2) eport(Q3) eport(YE) -Year -election (MY)	(d) 30-Day Post -Election Report for t	he:		12C)	Se	(12G) in the State	Special (30S)
5. Covering Period	0 1	01 201		through	03	3 1	2010	
I certify that I have examine Type or Print Name of Treat		and to the best of r	_	nd belief it is	true, correct	and complete).	
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NOTE : Submission of fals	se, erroneous,	or incomplete infor	mation may sub	ject the perso	on signing thi	s Report to th	ne penalties of 2	U.S.C 437g.
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